



INSURANCE BINDER

DATE (MM/DD/YYYY)
01/31/2014

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON REVERSE SIDE OF THIS FORM

AGENCY THE QUARLES AGENCY OF GA, INC. 506 ROSWELL STREET SUITE 240 MARIETTA GA 30060-		COMPANY TRANSGUARD INSURANCE COMPANY	BINDER #
PHONE (AG, No. Est): (770) 333-9091 FAX (AG, No.): (770) 333-9095		DATE EFFECTIVE TIME DATE EXPIRATION TIME	
CODE: SUB CODE:		02/01/2014 12:01 PM 05/01/2014 12:01 AM	
AGENCY CUSTOMER ID: INSURED RD COMPANIES, INC. DBA AFFORDABLE MOVING SOLUTIONS 12324 JIMMY OEHLEK ROAD CHARLOTTE NC 28269-		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	
		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location)	

COVERAGES

LIMITS

TYPE OF INSURANCE	COVERAGE FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	BUSINESS PERSONAL PROPERTY	1,000	90	10,000
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	PROPERTY DAMAGE DEDUCTIBLE - \$1,000 RETRO DATE FOR CLAIMS MADE: / /	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPOF AGG		\$ 1,000,000 \$ 100,000 \$ 5,000 \$ 1,000,000 \$ 20,000,000 \$ 2,000,000
VEHICLE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE DEDUCTIBLE - \$1,000	COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST		\$ 1,000,000 \$ \$ \$ \$ \$ \$
VEHICLE PHYSICAL DAMAGE DED <input checked="" type="checkbox"/> COLLISION: 1,000 <input checked="" type="checkbox"/> OTHER THAN COL: 1,000	ALL VEHICLES <input checked="" type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT		\$ \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO-ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE		\$ \$ \$ \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE: / /	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION WC STATUTORY LIMITS		\$ \$ \$ \$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		\$ \$ \$
SPECIAL CONDITIONS/OTHER COVERAGES	CARGO LEGAL LIABILITY - \$100,000 ANY ONE LOSS; \$200,000 AGGREGATE IN TRANSIT; \$1,000 DEDUCTIBLE; WAREHOUSE LEGAL LIABILITY - \$500,000; \$1,000 DEDUCTIBLE	FEES TAXES ESTIMATED TOTAL PREMIUM		\$ \$ \$

NAME & ADDRESS

() - () -	MORTGAGEE LOSS PAYEE	ADDITIONAL INSURED
	LOAN #	
	AUTHORIZED REPRESENTATIVE <i>John F. Bliton</i>	John F. Bliton